

OPM Request for Records

(2 Options for submitting your Request)

1. Fax this form to a non-secure fax: (724) 794-4590

2. Mail your request to: FOI/P, OPM-FIPC
Post Office Box 618
1137 Branchton Road
Boyers, PA 10618

Privacy Act Statement

Authority: 5 U.S.C. 7531, Definitions; 7532, Suspension and removal; 7533, Effect on other statutes; 10 U.S.C. 8013, Secretary of the Air Force: Powers and duties; delegation by; E.O. 10450, Security requirements for government employment; implemented by Department of Defense Regulation 5200-2R, DOD Personnel Security Program.

Principal Purpose: Files are established to evaluate the security acceptability of Air Force military and civilian and contractor personnel, applicants, enlistees and nominees for appointment, assignment or retention in sensitive positions with access to classified defense information or to restricted areas and locations in the interest of national security.

Files are used to record clearance adjudicative actions, eligibility determinations and investigative data.

Investigative case file information may be reviewed by Air Force installation commanders, supervisors, personnel officers, medical, security, and investigative personnel, personnel of Air Staff offices and offices of the Secretary of the Air Force.

Case files and cards are also used to answer inquiries from other Air Force offices and agencies, and from investigative, security and personnel representatives of other Federal agencies concerning the clearance status of individuals.

Case records are maintained to prepare statistical accounting and to measure the effectiveness of the adjudicative programs and procedure

Routine Uses: In addition to those disclosures generally permitted under 5 U.S.C. 552a(b) of the Privacy Act, these records or information contained therein may specifically be disclosed outside the DoD as a routine use pursuant to 5 U.S.C. 552a(b)(3) as follows: The DoD 'Blanket Routine Uses' set forth at the beginning of the Air Force's compilation of systems of records notices also apply to this system.

Mandatory or Voluntary Disclosure: Disclosing your Social Security number and other personal information is voluntary. However, without this information the agency may not be able to identify your records

Full Name: _____ Grade: _____ SSN: _____

Other Names Used: _____

Date of Birth: _____ Place of Birth: _____, _____

Please mail my file by Certified mail to:

I request a copy of the OPM investigation maintained on me. I declare under penalty of perjury under the laws of the United State of America that the foregoing is true and correct.

Executed on _____
Date

Signature